

## **EFFECTS OF DUAL-CAREER AND MARITAL CONFLICT ON THE MENTAL HEALTH OF COUPLES**

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### **ABSTRACT**

The main purpose of this present article is to examine the effects of dual-career family and marital conflict on the general health of couples in Malaysia. Since marital conflict has been proven to predict health outcomes in couples, this study aims to find out how an individual's conflict tactics has an impact on their spouse's reaction. Besides, as the number of women entering the work force continues to rise, there is a need for us to find out the health effects of dual-career family. A random sample of 399 participants from Selangor who were either married or cohabitating were used in this study. Characteristics of conflict tactics in relation to general health were assessed and it was found that the results were significant though there is a low correlation between the two variables. However, results supported the hypothesis that how an individual handles conflict may have a positive influence on spouse's ability to handle conflict. Significant relationship also exists between self-image with general health and also career salience with general health. This means that a person with a better sense of self and a promising career is more likely to have a better mental health.

*Keywords: dual-career, marital conflict, mental health*

## **KESAN DWI-KERJAYA DAN KONFLIK PERKAHWINAN KE ATAS KESIHATAN MENTAL PASANGAN SUAMI ISTERI**

### **ABSTRAK**

Tujuan utama makalah ini ialah meneliti kesan pasangan suami isteri yang bekerja dan taktik mengurus konflik perkahwinan terhadap kesihatan mental pasangan di Malaysia. Kajian lepas menunjukkan bahawa cara bagaimana suami isteri mengurus konflik perkahwinan dapat digunakan untuk meramal keadaan kesihatan mental mereka. Makalah ini melihat bagaimana taktik mengurus konflik boleh mendatangkan impak ke atas reaksi pasangan serta kesan peningkatan bilangan wanita yang bekerja terhadap kesihatan mental pasangannya. Responden sebanyak 399 orang telah dipilih secara rawak. Keputusan kajian menunjukkan bahawa terdapat hubungan signifikan di antara cara mengurus konflik dengan kesihatan mental. Selain itu, bagaimana seseorang individu mengurus konflik perkahwinan mendatangkan kesan positif terhadap keupayaan pasangannya untuk mengurus konflik. Hubungan yang signifikan turut wujud di antara imej diri dengan kesihatan umum dan juga antara kepentingan kerjaya dengan kesihatan umum. Hal ini bermakna seseorang individu yang mempunyai tanggapan diri yang lebih positif dan juga kerjaya yang memberangsangkan lebih berkecenderungan mempunyai kesihatan mental yang lebih baik.

*Kata kunci: suami isteri bekerja, konflik perkahwinan, kesihatan mental*

## INTRODUCTION

The emergence of an increased number of dual-career families highlight the notion that these individuals would be juggling parental roles congruent with roles as employee of an organization. Working couples are expected to strike a balance between their commitment to job and duties towards marriage (Kopelman, Greenhaus & Connolly 1983). There is an ongoing debate regarding the relationship between general health with marital conflict tactics and also general health in a dual-career family. Many predictions have been made concerning aversive conflict tactics in predicting poorer health outcomes and it is believed that conflict tactics that involve physical and verbal aggression will lead to marital distress (Buehler et al. 1998). Before further discussion of the topic, the definition of the key terms should be reviewed.

## DEFINITION

### **Marital Conflict**

Marital conflict is the high level of disagreement, stressful and hostile interactions between spouses, disrespect, and verbal abuse (Buehler et al. 1998) while to Cummings (1998), it is “any major or minor interpersonal interaction that involved a difference of opinion, whether it was mostly negative or even mostly positive.” He further elaborates that everyday marital conflict refers to daily interactions, whether major or minor, in which couples have a difference of opinion. Thus, everyday marital conflict includes a range of tactical and emotional expressions, both positive and negative. Marital aggression is on the negative extreme of a continuum of marital conflict which includes varying degrees of violent behaviors, including both verbal and physical acts.

Definitions of conflict that assume the interdependence of individuals make note of the presence of differences between the two parties. Donohue and Kolt (in Hocker & Wilmont 1998) define conflict as “a situation in which interdependent people express (manifest or latent) differences in satisfying their individual needs and interests, and they experience interference from each other in accomplishing these goals”. Likewise, Jordan (in Hocker & Wilmont 1998) stated that “conflict arises when a difference between two or more people necessitates change in at least one person in order for their engagement to continue and develop. The differences cannot coexist without some adjustment”. Based on these definitions, differences between partners may not “coexist” without resolution.

## **Mental Health**

There are many different perspectives on what mental health consists of. Most researchers agree that it concerns a person's state of mind which allows him/her to function or not. When it comes to measuring mental health, there are different ways. The General Health Questionnaire (GHQ) is used to investigate the differences of social dysfunction, anxiety, depression, and loss of confidence among headache and non-headache sufferers. It is one of the most widely used and studied indicators of minor psychiatric disorders. The sorts of factors that have been identified in the GHQ include general dysphoria or depressed mood, stress and coping, and self-esteem (Graetz 1991). Other common methods used to measure mental health include the Depression, Anxiety and Stress Scale (Lovibond & Lovibond 1995), and also measures of anxiety using the Spielberger State-Trait Anxiety Inventory (Spielberger 1970), and also the Beck Depression Anxiety (Beck 1961).

## **Dual Career**

Dual-career families are growing in number as more women pursue advanced preparation for careers and subsequently join and remain in the work force (Inglehart 1979). Both husband and wife in a dual-career family pursue 'job sequences that require a high degree of commitment and that have a continuous developmental character. The couple may have to deal to deal with competition, coordination of domestic and parental tasks, and time management in general (Pleck, Stanines, & Lang 1980; Rapoport & Rapoport 1976).

# **RESEARCH EVIDENCE**

## **Marital Conflict and General Health**

The quality of the marital relationship, including how conflicts are handled, has important implications for spouses' daily lives and mental health adjustment (Bradbury, Fincham, & Beach 2000). High-functioning marriages consist of skilled marital communication and conflict resolution, and often serve as an indicator of overall positive family well-being. Consistent with other research on links between mental health problems and relationship adjustment, researchers consider symptoms of anxiety and depression as correlate of marital conflict (Markowitz, Weissman, Quellerette, Lish, & Klerman 1989; Whisman et al. 2004). Mental health problems such as depressive symptoms are reliably

linked to global marital dissatisfaction and to behavioral changes in conflict resolution tasks (Davila, Karney, Hall & Bradbury 2003; Gotlib & Whiffen 1989).

### **Dual-career Family and Marital Conflict**

Dual-career family is defined as a family in which both partners pursue careers and at the same time maintains their family life together (Rapoport & Rapoport 1976). Rapoport & Rapoport's research was based on the approximate 60% of married couples who were also dual-earners in the United States. Galinsky, Johnson and Friedman (1993) reported that 83% of working mothers and 72% of working fathers reported experiencing conflict between handling their job and family issues. The traditional family model where husband as breadwinner and wife as homemaker has become a vestige of past society (Hall & Hall 1980; Piotrkowski, Rapoport, & Rapoport 1987). The economic pressures of inflation (Lee & Kanungo 1984) and the psychological need to develop self-identity (Nieva 1985) are encouraging women to play a more active role in full-time career (Cooper 1981). The traditional division of labor between partners is no longer an option when it comes to organization of work and family. Women are increasingly being forced to deal with job-related demands that limit their family roles. Men are becoming more involved with their families (Michelson 1983; Pleck 1979; 1985). These trends have resulted in increased levels of work and family conflict as men and women try to strike balance between their career and family life.

### **Dual-career Family and Mental Health**

Duxbury and Higgins (1991) did a study on Saskatchewan workers, in which they tested a number of different indicators of mental health such as job stress, perceived stress, burnout and depression among dual-career couples. The result shows that 30% of workers reported high level of job stress which is linked to factors such as poor physical and mental health, high family stress, marital conflict and poor performance of work and family roles.

## **PURPOSE OF STUDY AND HYPOTHESES**

The study of dual-career and marital conflict is important for individuals and organizations because such conflict, as source of stress, has been correlated with negative consequences, including poorer parenting role, reduced life satisfaction, and lower mental health (Greenhaus & Beutell 1985; Kelly & Voydanoff 1985). These dysfunctional,

negative consequences highlight the importance of further understanding the interrelationships between dual career family, marital conflict and mental health. Therefore, the purpose of the present study, in which this article is based, is to examine the health effect of dual-career family and also to study the interrelations between general health and marital conflict. A better handling of marital conflict will lead to better general health and vice versa.

## **METHODOLOGY**

### **Subjects**

The sample size consisted of 399 respondents from Malaysia with 181 (45.4%) males and 218 (54.6%) females. The 399 respondents were selected randomly from 600 respondents who have filled up consent form and volunteered to participate in the marital survey. All respondents were working. Respondents were either married or living together (cohabiting) with their partner. Respondents could either have children or did not have children. The age of respondents ranged from 18 to 68 years old with a mean age of 37.76 years old ( $SD=11.20$ ). There were 38 (9.5%) Malay participants, 267 (66.9%) Chinese participants, 69 (17.3%) Indian participants and 25 (6.3%) participants were from other ethnic groups.

### **Method**

A single survey was done to obtain the intended results from the respondents. Four sets of questionnaires were developed to measure the conflict tactics used by respondents, characteristics and coping behavior of dual-career families and mental health of respondents. Instruction and explanation were done in English. The questionnaires were distributed by five research assistants to respondents who were willing to participate in the survey. Most of the respondents answered the questionnaires and returned the survey on the spot. Some respondents wished to bring home the survey and returned them the next day.

### **Instrument**

Four instruments were used in the research. General Health Questionnaire (GHQ) was administered to measure the mental health of couples and Conflict Tactics Scale (CTS) in measuring the marital conflict which focused on the dimensions of conflict tactics. In addition, Dual-Career Family Scale (DCFS) and Dual Employed Coping Scales (DECS)

were used to measure characteristic of dual-career families and coping behaviors with two employed spouses respectively.

### **General Health Questionnaire (GHQ)**

General Health Questionnaire (GHQ) is a self-administered screening questionnaire designed by David Goldberg (1972). It is used to measure the presence of mental disorder in community and non-psychiatric clinical settings. GHQ has a few versions namely the 12-item, 20-item, 28-item, 30-item and the full 60-item version. The version of GHQ used in this survey is the 12-item version. Participants were given 4 statements to choose from and each statement is assigned a number (i.e., from question 1-6, 1=Better than usual, 2=Same as usual, 3=Worse than usual, 4=Much worse than usual, from question 7-12, 1=Not at all, 2=No more than usual, 3=Rather more than usual, 4=Much more than usual). Participants are required to choose only one answer for each question. The total score is the sum of the twelve item scores and lowest possible distress score is 12 and highest possible score is 48. Lower score indicated better general health. Six months test-retest reliability of the GHQ with psychiatric patients has been found to be .51 - .90. Internal consistency for the GHQ was found to be .78.

### **Conflict Tactics Scale (CTS)**

Conflict Tactics Scale (CTS) was developed by Straus (1990). It is based on the premise that conflict is an inevitable and valuable aspect of all human association with the use of coercion, including force and violence as a tactic for resolving conflicts being harmful. The CTS is oriented towards behaviors, not attitude and seeks to measure the behaviors of both the respondents and their partners. It is recognized as a standard survey tool for assessing domestic violence. CTS measures three dimensions of conflict tactics, which are reasoning, verbal aggression and violence and in this scale, it is divided into three parts that is "Yourself", "Spouse" and "Ever Happen" and each part has 20 items. However, this research only focuses on the scales of "Yourself" and "Spouse". Participants were given out five options and each option is assigned a number, 0=Never, 1=Twice, 2= 3-5 times, 3= 6-10 times, 4= 11-20 times and 5=more than 20 times. Items 1 to 3 in "Yourself" and "Spouse" are reverse-scored and lower score indicated a more adaptive way of handling conflict.

### Dual-Career Family Scale

The Dual-Career Family Scale (DCFS) was designed by Pendleton, Poloma & Garland (1980) to measure characteristics of dual-career families. The device yields six subscales: marriage type, domestic responsibility, satisfaction, self-image, career salience and career line. It is a self-administered 31-item scale where respondents rate themselves on a five point scale, from strongly agree to strongly disagree. The scale scores are simply a sum of individual items and total combined score for all six scales is not recommended. Internal consistency of the DCFS has been found to be .42 - .76.

### Dual Employed Coping Scales

The Dual Employed Coping Scales (DECS) was designed by McCubbin and Thompson (1991) to measure coping behaviors in families with two employed spouses. The device yields four subscales: maintaining the family system, procurement of support, modifying roles and standards, and maintaining perspective/reducing tension. It is a self-administered 58 item scale where respondent declares on a five point likert scale, from strongly disagree to strongly agree. After reverse-scoring item 45, all items simply summed for a total score. Internal consistency of the DECS has been found to be .86.

## RESULTS

A correlation was done between the General Health Questionnaire (GHQ) and Conflict Tactics Scale (CTS). The results were significant with a low degree of correlation between GHQ and CTS ( $r = .31, p < .01$ ) as shown in Table 1.

Table 1 Correlation between GHQ and CTS

General Health Questionnaire	11111
Conflict Tactics Scale	

\*  $p < .05$ ; \*\*  $p < .01$

Another correlation was done between “Yourself” and “Spouse” sub scale in the Conflict Tactics Scale. The results showed a significant correlation between both sub scales ( $r = .71, p < .01$ ) as shown in Table 2.

Table 2: Correlation between “Yourself” and “Spouse” sub scales in CTS

Yourself	.711**
Spouse	

\*  $p < .05$ ; \*\*  $p < .01$

A correlation was also conducted between both Dual-Career Family Scale (DCFS) and Dual Employed Coping Scales (DECS) with the GHQ to discover whether there is a relationship between dual-career family and mental health of couples. Multiple results were generated according to different subscales and the analyses in Table 3 indicated there is a significant relationship between self-image with general health ( $r = .20$ ,  $p < .01$ ) and career salience with general health ( $r = .17$ ,  $p < .01$ ). This shows that if a person has a better self-image and a promising career, this person is more likely to be healthier. Other than this, there are no significant relationships generated in four other sub scales (marriage type, domestic responsibility, satisfaction and career line). Moreover, analysis indicated that there is no significant relationship between the Dual Employed coping Scale and the General Health of couples. This means that the coping methods employed by the dual income family have no relationship with the individuals' personal health.



Table 3: Correlation Matrix Depicting Relationships between Dual Career Family and General Health

<b>MT</b>	.22**						
<b>DR</b>	.25**	.52**					
<b>S</b>	.29**	.39**	.34**				
<b>S-I</b>	.37**	.52**	.41**	.43**			
<b>CS</b>	.39**	.23**	.29**	.36**	.55**		
<b>CL</b>	.41**	.29**	.39**	.46**	.57**	.70**	
<b>GHQ</b>	.04	.04	.06	.09	.20**	.17**	.05
	<b>D-ECS</b>	<b>MT</b>	<b>DR</b>	<b>S</b>	<b>S-I</b>	<b>CS</b>	<b>CL</b>

*Key:*

MT - Marriage Type  
DR - Domestic Responsibility  
S - Satisfaction  
S-I - Self-Image  
CS - Career Salience  
CL - Career Line  
GHQ - General Health Questionnaire  
D-ECS - Dual Employed Coping Scale

*Note:*

\*\*  $p < .01$

## DISCUSSION

This study aims to examine the effects of dual-career and conflict tactics on the general health among Malaysian couples. The result of this study indicated that there is relationship between marital conflict and mental health. This means a better marital conflict tactics will lead to better mental health. Positive correlation was found between “Yourself” and “Spouse” scales in the Conflict Tactics Scale which proves that the way individual handles conflicts does have positive influence on their spouse’s response to conflict. Results obtained from this study also show that there is weak significant relationship between self-image and general health and also career salience with general

health. On the other hand, there is no significant relationship between the general health and the career line.

Studies done in other countries have shown that individuals in a discordant relationship would exhibit a higher level of distress and report poorer perceived health (Whisman & Uebelacker 2006). Another study by Yick, Shibusawa and Agbayani-Siewert (2003) on 262 Chinese men and women indicated a positive correlation between partner violence and depression where individuals who experienced physical or verbal aggression in the relationship for the last 12 months would most likely experience depression. Results of this research do support evidences linking conflict tactics with self-rated health. Although results are significant, one's general health is only lowly correlated to marital conflict tactics. This means using aversive marital conflict tactics do predict poorer health outcomes in the individual.

Work and family are the central institutions in people's lives affecting their mental and physical health. Much of the research focused on either work or family rather than investigating their joint operation (Barnett & Baruch 1987; Zedeck & Mosier 1990). Recent research has begun to underscore the need to understand the importance of both work and family experiences for the psychological well-being of couples. Results of this study are consistent with the suggestion of Greenhaus & Beutell (1985) that the impact of marital conflict on the mental health of dual careers is an important concern for individuals because such conflict, as a source of stress, has been correlated with negative consequences, including poor morale, reduced life satisfaction, and lower mental health. These dysfunctional, negative consequences highlight the importance of further understanding the relationships between marital conflict and mental health among dual-earner families.

In addition, this study's findings also indicate that the way an individual deals with conflicts in the family highly correlates with their spouse. This means that if one responds to conflict by inflicting harm on their spouse either through physical, verbal or psychological abuse, their spouse tends to respond to this intimate violence in the same aversive way. This study also shows that majority of respondents preferred less violent tactics in resolving conflicts with their spouse such as discussing the issue calmly or try to bring in someone to help settling the problems.

According to Rona, Hooper, French, Jones and Wessely (2006), general health involves one's physical, psychological and social functioning. All marriages are in fact characterized by certain degree of conflict yet it is unlikely that all martial conflicts will

lead to distress (Grych & Fincham 1990). On the other hand, Canary, Cupach and Messman (1995) suggested that interpersonal conflicts may offer opportunities for development of marital relationships if spouses learn mutually acceptable ways of negotiating and managing differences between them. This is further supported by Grych and Fincham (1990) who suggested that exposure to some marital conflicts may promote the development of constructive problem solving skills.

In order to strike balance between marital life and performance at workplace among dual-careers, it is important to understand the bidirectional nature of work and family boundary. This is vital because the source from which the conflict originates will dictate the marital quality. Although a conflict originated at work (work to marital conflict), it may circulate in a vicious cycle and affect the mental health of couples. This outlines that marital conflict and mental health of dual-careers are interrelated and discrepancy on this domain can cause disturbance in the performance of other.

Among the main strengths of this study include the high reliability and validity of both the General Health Questionnaire (GHQ) and Conflict Tactics Scale (CTS). The present study used two scales to find out the health effect (GHQ and D-ECS) on dual-income family rather than using one scale. It provides a broader perspective because it considers both the condition and coping skill of a dual-career family and how these factors affect one's health. Since close-ended questions were adopted in the study, the tabulation of scores was less complicated and results were easily interpreted and presented. Besides, Dual-Career Family Scale is scored based on a six-point rating scale, from strongly agree to strongly disagree and this enables administrators to have better understanding on participants as it gave more specific and accurate responses compared to other rating such as "Yes" or "No".

On the other hand, there are some weaknesses in this study. One of the limitations of this study is the administering of the questionnaires is time consuming. Due to its comprehensiveness, participants were required to answer a large pool of questions which lead to frustrations. Questions were deemed to be too complicated or too personal and thus affect the responses of respondents. Some respondents were reluctant to share their personal details due to cultural differences which led to the inaccuracy of our results. The results obtained were not representative enough as respondents were only selected from the state of Selangor. This has reduced the result's external validity as the research was not applied to couples over the country. Other than that, the study adopts a paper and pencil approach in collecting information from respondents and problems may arise when

the questionnaires were distributed to respondents who were illiterate and not fluent in English.

There are several ways to improve the study for future research. A wider sample would be needed to improve the external validity of the study. Research could be expanded to both rural and urban areas as to be more representative of couples in our country. Existing items in the questionnaires could be revised so that questions that are vague and unclear could be replaced with items that are worded in a simple and straightforward manner. This can avoid confusion among the respondents and increase the accuracy of the results. In addition, certain items that are found to be too personal should also be revised as to be more sensitive to cultural differences.

## CONCLUSION

The present findings reveals that one's general health is lowly correlated to marital conflict tactics yet the way individuals deal with conflicts in the family correlate highly with their spouse. Besides, there is also significant relationship between self-image and career salience in relation to general health. Thus we can conclude that positive sense of self and career salience play an important role in predicting general health problems. Although the sample size of the study is not big enough, it is still one of the important conclusions generated in Malaysian population. Since dual-career family is increasing in a tremendous rate in our country, further research is strongly recommended in this field. It is important for us to understand the effects of dual-career family and marital conflict tactics on the general health of the couples in Malaysia.

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